

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/672,585 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST/AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1			1			
2						
3			2			
4			1			
5						
6			1			
7						
8			(1)			
9						
10			1			
11						
12			2			
13						
14			2			
15			2			
16			2			
17			1			
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48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			17			
TOTAL CLAIMS			18			

CLAIMS

51	IND	DEP	IND	DEP	IND	DEP
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

11/27/05

17

18